



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

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Governor

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Director

Day Program, Employment, and Transportation Services - Survey 13

Introduction and Contact Information:

This survey is for Vendors that deliver Day treatment, Employment and transportation services. For the purposes of this survey, a DCW is a provider that delivers any of the identified services.

Please only provide information as it pertains to the services outlined in this survey for DDD. If your agency provides additional services, do your best to estimate the portion of information that applies to these services for DDD members.

We understand that you've provided answers to many of these questions in prior survey rounds. To ensure we can trend information reliably over time by survey we need the answers repeatedly, so we appreciate you providing them again. Please save your answers so you can reuse them in additional surveys.

1. What is your organization's name? (Drop down menu)
2. Please enter your AHCCCS ID?
3. Please enter your Employer ID?
4. Please enter the following contact information:
 - Contact Name
 - Email Address
 - Phone Number
5. Do you provide day programs, employment or transportation services?

Staffing & Members:

6. How many service sites do you operate? (Do not include 3rd-party locations, such as a community employer.)
7. How many service sites were open as of the following dates: (Do not include 3rd-party locations.)
 - October 31, 2021

- November 30, 2021
 - December 31, 2021
 - January 31, 2022
 - February 28th, 2022
8. Please tell us the total number of service sites that were closed by month. If no sites were closed or this does not apply to your agency, please enter "0".
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
 - All still open
9. Please provide the number of service sites that were closed during the month of February 2022 by the "reason for closure". If there was a combination of two or more of these reasons, please choose the most accurate reason. If N/A, please enter "0".
- Low demand
 - Inability to staff the service site
 - Social distancing guidelines hard to implement
 - Could not obtain necessary supplies
 - Needed to shift staff to other services
 - Positive COVID-19 tests within the program
 - Other
10. Please enter additional comments about the reason for closure. Please enter, "N/A" if not applicable
11. How many service sites does your agency operate when all service sites are open?
12. Has your agency decided to permanently close any sites due to COVID-19? Y/N
13. Are you able to operate at full capacity as of February 28, 2022? Y/N
14. What is impeding your ability to operate at full capacity? (mark all that apply)
- Worker shortage/turnover
 - Member demand
15. Are you able to comply with the COVID-19 monitoring and mitigation strategies based on [Centers for Disease Control and Prevention \(CDC\)](#), [Arizona Department of Health Services](#)

(ADHS) and [Division of Developmental Disabilities \(DDD\)](#) guidance? Y/N/NA because your sites are closed/ Other please specify. Y, N, site closed, and Other

16. How many DCW staff worked for your agency on the following dates and provided day program, employment, or transportation services to DDD members? If N/A, please enter "0".
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
17. How many applications for DCW positions have you received over the following time periods?
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
18. How many applicants were qualified for DCW positions (including passing background checks) over the following time periods?
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
19. How many of those new hires in the question above were with your organization after 30 days?
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
20. How many staffing advertisements has your agency run on average per month in the following years:
- 2021
 - 2022
21. How many hours has your agency spent interviewing candidates on average per month in the following years:
- 2021

- 2022

22. What was your staff vacancy on Feb 28 for the years listed below? Please use FTE value where one FTE would equal one staff working 40 hours per week.

- 2019
- 2020
- 2021
- 2022

23. How many DCW staff did your agency hire over the following time periods

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

24. How many DCW staff left your agency during the following time periods?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

25. Has your agency been able to rehire staff who left during the COVID-19 pandemic? Y/N or N/A.

26. Please enter any additional comments about the change in direct care staff. Please enter "N/A" if not applicable.

27. What administrative relief would you like DDD to provide? Please enter "N/A" if you do not have suggestions to provide.

28. Does your agency have other DDD service lines?

29. Please list the number of staff by the service lines they were redeployed to in February 2022. Please enter "0" if N/A. If you redeployed staff to multiple service lines, please only list them once.

- Total Redeployed
- Attendant care
- Respite
- Habilitation hourly
- Group home habilitation

- Other

30. Have you seen an increase in Paid or Unpaid Time Off due to COVID-19? Y/N

31. If yes, please provide the number of hours per month vacated with Paid Time Off due to COVID-19?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

32. If yes, please provide the number of hours per month vacated with Unpaid Time Off due to COVID-19?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

33. If Time Off due to COVID-19 is Paid, what is the total cost of those hours?

-
- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

34. How many distinct members were served in the following months?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

35. How many COVID-19 positive members have you served in the following months?

- October 2021
- November 2021
- December 2021
- January 2022
- February 2022

36. Of the members who left your day or employment program, how many do you expect to return?
How long do you anticipate this will take?
- DDD members who left
 - DDD members who have returned
 - DDD members who you expect to return
 - Months it will take for those members to return
 - N/A - Did not lose any members
37. Please enter any additional comments about the reduction in members. Please enter "N/A" if not applicable.

Vaccinations:

38. Are you requiring that your direct care workers (DCW) get the COVID-19 vaccine? Y/N
39. Are you tracking staff vaccination? Y/N
40. Does your organization anticipate a difficulty in retaining and hiring DCW's as a result of the new vaccination mandate by the federal government?
- Yes
 - No
 - Comments:
41. Please mark all reasons that you've heard for refusing vaccines:
- Safety concerns/limited testing
 - Concerns about effectiveness of vaccines
 - Religious and disability-related objections
 - Want to continue telehealth
 - Not tracking reason why they are refusing vaccines
 - All staff have indicated that they want the vaccine
 - Don't Want It/Did not provide reason
42. Have your DCWs had issues accessing the COVID-19 vaccine? Y/N (if yes comment option)
43. Is your agency incentivizing that DCWs get vaccinated? Y/N
44. Is your agency notifying staff of vaccination appointment availability?
45. Are you offering paid or unpaid time off to staff who want the vaccine?
- Paid Time off
 - Unpaid-Time-Off

- Not offering time off for vaccinations
46. Are you notifying members and families when DCWs are vaccinated? Y/N
47. How are you confirming that DCWs are vaccinated?
- Getting copies of vaccination cards
 - Staff attestation
 - N/A
48. If yes, what percent of DCWs that work directly with DDD members are fully vaccinated against COVID-19 as of the following dates:
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
49. If yes, what percent of DCWs that work directly with DDD members have/had received their first dose of the COVID-19 vaccine as of the following dates:
- October 2021
 - November 2021
 - December 2021
 - January 2022
 - February 2022
50. Please provide any comments you have regarding the COVID 19 vaccine.

Personal Protective Equipment (PPE):

51. Does your staff have enough personal protective equipment (PPE) to implement your pandemic performance plan for one month? Y/N
52. If not, which of the following PPE is needed? Mark all that apply.
- Gloves
 - Gowns/Aprons
 - Masks and Respirators
 - Goggles
 - Face shields
53. What have your additional monthly expenses been to obtain PPE since June 2021?
- October 2021

- November 2021
- December 2021
- January 2022
- February 2022

54. Please state any other issues impacting Day treatment or employment services.

Financial Statements:

Please contact DDDFinancialStmts@azdes.gov if you are in compliance with this requirement or if you have any related questions.

55. To qualify for potential funding, do you attest that you've submitted (or will do so before 3/31/2022) at least the last two annual financial reports in accordance with section 6.3.3 of your qualified vendor agreement with DDD/DES? Y/N

To qualify for potential funding, you must have completed the CARES Provider Relief Fund attestation and be in compliance with the section 6.3.3 of your qualified vendor agreement with DDD/DES. If you have submitted your financial statements there is no additional action needed at this time, unless we reach out directly.

Insurance:

56. Do you attest that you've submitted (or will do so before 3/31/2022) all applicable insurance documentation in accordance with section 6.7 of the Terms and Conditions of your Qualified Vendor Agreement DES/DDD? Y/N

For any questions regarding insurance requirements or the necessary documentation, contact your assigned Contract Management Specialist. You can use the Manage Dashboard in FOCUS to look up contact information for your assigned Contract Management Specialist.